



*I, \_\_\_\_\_, certify I have reviewed the information presented in the Department of Social and Health Services' training on the Washington state statutes and administrative rules related to the operation of a boarding home.*

\_\_\_\_\_  
*Boarding Home Administrator*

\_\_\_\_\_  
*Date*

*Print, sign and retain this certificate as documentation for department review, per WAC 388-78A-2550.*

